

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-035723

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 282

Primary Registration District No. \_\_\_\_\_

Registrar's No. 103

FILED SEP 25 1962

VS 300  
Rev. 4/5910846  
20840

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DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Humansville</u>		c. CITY OR TOWN <u>Flemington</u>	
Length of stay in lb <u>17 days</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Dimmitt Mem. Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>R. # 1</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Robert Edward Hogan Sr.</u>		4. DATE OF DEATH Month Day Year <u>9 17 1962</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12/13/89</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Engineer - retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Rail road</u>	11. BIRTHPLACE (City and state or country) <u>Chicago, Ill.</u>
13a. FATHER'S NAME <u>Daniel M. Hogan</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Griffin</u>	14. NAME OF HUSBAND OR WIFE <u>Bertha M. Hogan</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	
17. INFORMANT <u>Robert E. Hogan Jr. Flemington, Mo.</u>		Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Embolism</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Prostatectomy 9/11/62</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Flemington, Mo.</u>	
20g. COUNTY <u>Polk</u>		20h. STATE <u>Missouri</u>	
21. I attended the deceased from <u>Aug. 1962</u> to <u>September 1962</u> and last saw him alive on <u>9/17/62</u> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>G. H. Robinson</u> (Degree or title) <u>M.D.</u>	
22b. ADDRESS <u>Humansville, Mo.</u>		22c. DATE SIGNED <u>9/18/62</u> (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9/21/62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Flemington Cemetery</u>	23d. LOCATION (City, town, or county) <u>Flemington, Mo.</u>
24. FUNERAL DIRECTOR <u>Beckwith Funeral Home Humansville, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Sept 20, 1962</u>	
26. REGISTRAR'S SIGNATURE <u>Ralph Gordenpergudl Gorden</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

NOV 29 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed C. H. Beckwith

Licensed Embalmer No. 3937

P. O. Address. Humansville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.